



Check List for Application

1. _____ Provide a valid phone number, fax number and e-mail address on your application in order to avoid delays in processing
2. _____ Include your SCCT Membership number
3. _____ Payment Enclosed by check or money order
4. _____ Attach copies of Board Certifications
5. _____ Attach copies of CME Certificates
6. _____ Have medical director sign off on cases for pages 7 & 8 or attach appropriate certificates of completion
7. _____ For cases read after January 1, 2007 provide an anonymous patient list enumerating and identifying the indication and diagnosis for each component of training.
8. _____ Fill in the total numbers on page 9 “Summary of Cases”, sign and have notarized
9. _____ Sign page 10, Agreement of Terms

Additionally, for Level 3 include the following:

1. _____ Include a letter from a Department Head, Imaging Facility Head, Medical Director or Hospital CEO indicating your experience directing a CCT lab or your contributions in running the lab.
2. _____ Peer recognition must include one of the following:
 - a. Faculty lecturer for 2 or more CME courses on CCT (include copies of program or brochure) **OR**
 - b. Fellowship/residency teaching activities (include copies of the curriculum and a letter from the director) **OR**
 - c. Three or more peer reviewed publications in the area of CCT (include copies showing the Title, Author, Publication and Date)